

POLICY & PRACTICE



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Obesity Increasing, CDC Says

The proportion of U.S. adults who are obese increased to 26.1% in 2008 compared with 25.6% in 2007, according to data from the Centers for Disease Control and Prevention. A telephone survey of more than 400,000 people found that adult obesity prevalence was 30% or more in six states: Alabama, Mississippi, Oklahoma, South Carolina, Tennessee, and West Virginia. Another 26 states had obesity prevalence of 25% or more, while only 1 state, Colorado, had a prevalence of obesity less than 20%. No state showed a significant decrease in obesity prevalence from 2007 to 2008, and none of the 50 states nor the District of Columbia has achieved the Healthy People 2010 goal of reducing obesity prevalence to 15% or less. "The latest ... survey data show that the obesity problem in this country is getting worse," said Liping Pan, a CDC epidemiologist and the lead author of the analysis. "If this trend continues, we will likely see increases in health care costs for obesity-related diseases."

Kendall Tapped for ADA Post

The American Diabetes Association has named Dr. David M. Kendall as its chief scientific and medical officer. Dr. Kendall is currently medical director and chief of clinical and professional services at the

International Diabetes Center in Minneapolis. He succeeds Richard A. Kahn, Ph.D., who retired from the ADA on June 30. "David brings an impressive range of clinical and scientific expertise to this position," said Larry Hausner, CEO at the ADA. "I am confident that through his leadership, the association will continue to reinforce its position as the authoritative voice and trusted leader in the diabetes community."

Malpractice Payments Are Down

Medical malpractice payments were at record low levels in 2008, according to an analysis by the consumer advocacy group Public Citizen. For the third straight year, 2008 saw the lowest number of malpractice payments since the federal government's National Practitioner Data Bank began tracking such data in 1990, the group said. The data showed that 11,037 payments were made last year, which Public Citizen said was nearly one-third lower than the historical average. The monetary value of payments was either the lowest or second-lowest since 1990, depending on how inflation was calculated, the group said. The total cost of all malpractice insurance premiums fell to much less than 1% of the total \$2.1 trillion in annual health costs in 2006 (the most recent year for which full data were

available). The cost of actual malpractice payments to patients fell to 0.2% of overall health costs, the group said. David Arkush, director of Public Citizen's Congress Watch division, said in a statement that the numbers indicate that many victims of medical malpractice receive no compensation for their injuries.

FTC Wants 'Pay-for-Delay' Outlawed

A new law to eliminate deals in which pharmaceutical companies agree with their competitors to keep low-cost generic drugs off the market could save consumers and the federal government \$3.5 billion a year over the next decade, according to Federal Trade Commission Chairman Jon Leibowitz. In a speech, Mr. Leibowitz said that stopping these "pay-for-delay" deals is one of the commission's top priorities, although a series of recent court rulings has allowed some of the arrangements to continue. For instance, the United States Supreme Court recently declined to hear a case in which consumers and health plans challenged a \$398 million payment by drug maker Bayer AG to Barr Laboratories Inc. to settle the companies' patent dispute over a generic version of the antibiotic Cipro (ciprofloxacin). "The FTC is continuing to bring cases to protect consumers from these anticompetitive settlements ... but waiting for a potential judicial solution is a time-consuming and expensive prescription, so the agency strongly supports legislation to eliminate pay-for-delay deals," Mr. Leibowitz said.

Germino Named to NIDDK Job

Dr. Gregory G. Germino has been appointed deputy director of the National

Institute of Diabetes and Digestive and Kidney Diseases. "Dr. Germino is a highly regarded physician-scientist, a committed mentor to the next generation of researchers, an experienced manager of budgets and people, and a compassionate communicator to professional and patient advocacy organizations," said Dr. Griffin P. Rodgers, director of the NIDDK. "We are very fortunate to have him join us." Dr. Germino was professor of medicine in the nephrology division, and professor of molecular biology and genetics, at Johns Hopkins University, Baltimore. In addition to his leadership responsibilities at NIDDK, he will continue his own research in polycystic kidney disease. Dr. Germino will help oversee an annual budget of \$1.9 billion and a staff of 630 scientists, physician-scientists, and administrators at NIDDK's research facilities in Bethesda, Md. and Phoenix.

Many Young Adults Uninsured

Approximately 5 million U.S. adults aged 19-23 years had no health insurance in 2006 for the entire year, and 30% of them said they didn't think it was worth the cost, according to the Agency for Healthcare Research and Quality. The AHRQ found that 46% of uninsured young adults worked full time and 26% worked part time. Only 19% of those who were uninsured throughout 2006 were full-time students, the agency said. About two-thirds of the young adults who went without insurance for the whole year never saw a doctor, the AHRQ found.

—Joyce Frieden

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Racial, Ethnic Disparities Support Need for Broader Health Reform

BY MARY ELLEN SCHNEIDER

Racial and ethnic minorities have higher rates of disease and reduced access to health care compared with the general population, according to a new report from the Department of Health and Human Services.

African Americans, for example, suffer from chronic diseases such as diabetes at nearly twice the rate of whites. About 15% of African Americans, 14% of Hispanics, and 18% of American Indians have type 2 diabetes, compared with 8% of whites, according to the report.

Racial and ethnic minorities and low income individuals also have reduced access to health care. For example, the report found that Hispanics are only half as likely as whites to have a usual source of medical care. Racial and ethnic minorities were also less likely to lack health insurance. These disparities highlight the need for larger health reform that invests in prevention and wellness and ensures access to affordable health care, the report concluded. HHS Secretary Kathleen Sebelius repeated that message during a roundtable discussion at the White House in June.

"Certainly the kind of disparities we've

seen too often in the health care system are disproportionately represented by low income Americans and minority Americans," she said. "Health reform is key to helping to address these challenges."

But new health reform legislation will be only one part of the administration's push to reduce health disparities, Ms. Sebelius said. She pledged to do whatever possible under the current authority given to HHS to close the gap on disparities, including working within the Medicare and Medicaid programs.

The event included representatives from various minority and public health groups who offered their suggestions for how health reform legislation could help to close the gap on disparities. ■

AD INDEX

Amylin Pharmaceuticals, Inc. Byetta	3-4
Daiichi Sankyo, Inc. Welchol	8a-8b
Eli Lilly and Company Humalog	10-12
Merck & Co., Inc. Janumet	16a-16b, 17
Novo Nordisk Inc. NovoLog Levemir	19-20 23-24